

Merchant & Gould

An Intellectual Property Law Firm

3200 IDS Center
80 South Eighth Street
Minneapolis, Minnesota
55402-2215 USA
TEL 612.332.5300
FAX 612.332.9081
www.merchant-
gould.com

FEE ONLY**RECEIVED
CENTRAL FAX CENTER**

NOV 12 2004

A Professional Corporation

Fax Transmission | November 12, 2004

TO: Commissioner for Patents
Attn: Examiner N.S. Favvez
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Michael D. Schumann

OUR REF: 13835.9US01
TELEPHONE: 612.336.4638


Total pages, including cover letter: 20PTO FAX NUMBER 1-703-872-9306

If you do NOT receive all of the pages, please telephone us at 612.336.4638, or fax us at 612.332.9081.

Title of Document Transmitted: **AMENDMENT AND PETITION FOR EXTENSION
OF TIME**

Applicant: Rabett et al.
Serial No.: 10/072747
Filed: February 7, 2002
Group Art Unit: 2856
Our Ref. No.: 13835.9US01
Confirmation: 2974

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: Michael D. Schumann
Reg. No.: 30,422

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Shandra L. RissmannSignature Date 11/12/04

GEN033.DOT

PAGE 120 * RCVD AT 11/12/2004 2:46:32 PM (Eastern Standard Time) * SVR:USPTO-EFAXF-13 * ONIS:8729306 * CSID:6123329081 * DURATION (mm:ss):05:38

11/23/2004 LSPROELL 00000002 132725 10072747

01 FC:1201

264.00 DA

S/N 10/072747

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rabbett et al. Examiner: N.S. Fayyaz
Serial No.: 10/072747 Group Art Unit: 2856
Filed: February 7, 2002 Docket No.: 13835.9US01
Title: SELF-CALIBRATING CARBON MONOXIDE DETECTOR AND METHOD

FEE ONLY
RECEIVED
CENTRAL FAX CENTER
NOV 12 2004

CERTIFICATE UNDER 37 C.F.R. 1.640:

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on November 12, 2004.

By: 
Name: Shandy Rasmann

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with the provisions of 37 C.F.R. §1.136(a), it is respectfully requested that a 2-month extension of time be granted in which to respond to the outstanding Office Action mailed June 17, 2004, said period of response being extended from September 17, 2004 to November 17, 2004.

Please charge Deposit Account 13-2725 in the amount of \$430 to cover the required extension fee for a large entity.

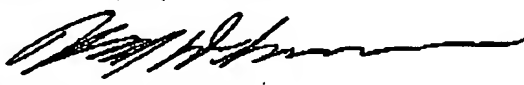
23552

PATENT TRADEMARK OFFICE

Respectfully submitted,

MERCHANT & GOULD P.C.
P.O. Box 2903
Minneapolis, MN 55402-0903
Telephone: (612) 336-4638

November 12, 2004
Date


Michael D. Schumann
Reg. No. 30,422
MDS:slr

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

50/377

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	55	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	55 minus 20 =	* 35
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 54	Minus ** 55	= -
Independent	* 8	Minus *** 5	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	630
X42=		OR	X84=	168
+140=		OR	+280=	
TOTAL		OR	TOTAL	1538

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	264 ⁰⁰
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	264 ⁰⁰ pd.

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	